Soldier Readiness Processing (SRP) Site

WAIVER GUIDANCE

Soldier Readiness Processing Site
1853 O'Connell Blvd., Bldg 1042
Fort Carson, Colorado 80913
December 2011

Behavioral Health Waivers

Please note all Behavioral health waivers are sent to Chief of Behavioral Health, Fort Carson, CO

CENTCOM Medical Waiver Request
BEHAVIORAL HEALTH

ACTUAL**WAIVER

Patient Name (Last, First): DOB: SSN (Last 4):

#Previous Deployments: Destination (country): Diagnosis (ICD9):

Age: Sex: Grade: MOS/Job Description: Home Station/Unit:

Service: Years of Service: Active/Reserve/Civilian:

Length of Deployment: Deployment Date: Previous Waivers (Y/N):

Waiver POC Name/E-mail:

SEND THIS FORM AND SUPPORTING DOCUMENTATION TO – ccsg-waiver@centcom.mil

Case Summary (To be completed by provider, attach documentation - see page two for guidance):

I have reviewed the case summary and hereby submit this request.

Signature: _____ **Stamp or Print:** _____

CENTCOM SURGEON

Waiver Approval: YES NO

Signature: _____ **Stamp or Print:** _____

Comments:

For Official Use Only: This document may contain information exempt from mandatory disclosure under the Freedom of Information Act (FOIA) of 1986 {Public Law 99-570, 5 USC 552(B)}. This information is also protected by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 {Public Law 104-191} and any implementing regulations. It must be safeguarded from any potential unauthorized disclosure. If you are not the intended recipient, please contact the sender by reply e-mail and permanently delete/destroy all copies of the original message. Unauthorized possession and/or disclosure of protected health information may result in personal liability for civil and federal criminal penalties.

ACTUAL**WAIVER

MOD 11 Tab B

CENTCOM Medical Waiver Request

Patient Name (Last, First): DOB: SSN (Last 4):

Previous Deployments: Destination (country): Diagnosis (ICD9):

Age: Sex: Grade: Service: Home Station/Unit:

Years of Service: Active/Reserve/Civilian: MOS/Job Description:

Length of Deployment: Deployment Date: Previous Waivers (Y/N):

Waiver POC Name/E-mail/Phone:

Case Summary (To be completed by provider, including clinical information necessary to make a disposition. See MOD 11 and accompanying PPG-TAB A for required information):

I have reviewed the case summary and hereby submit this request.

Signature:

CENTCOM Surgeon / Component Surgeon Response

Waiver Approval: YES NO

Signature:

Comments:

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Instructions for Submitting a Waiver

-Responsibility of Soldier's Commander or Civilian's Supervisor to submit the Waiver Form for PHYSICAL Health to the ARCENT Surgeon at Arcent-Waiver@arcent.army.mil.

- Responsibility of Soldier's Commander or Civilian's Supervisor to submit the Waiver Form for BEHAVIORAL Health to the CENTCOM Surgeon at ccsg-waiver@centcom.mil.

- Fillable forms can be found at ccsg-waiver@centcom.mil

-All supporting documentation needs to be submitted electronically (Scanned)

-Include as much information as possible to decrease follow-up questions and speed decision-making. A well put together waiver package can take 72 hours or less to get an approval or denial.

-Include only the medical information that is pertinent to this request

-In the "Case Summary" or "Medical Summary" please include:
a)Hx of condition b) Date of onset

Continued Instructions…..

-Include enclosures that only have bearing on the Soldiers deployability status- positive or negative.
a)Specialty consultations needed to establish a Dx, Tx, Monitoring Plan and Prognosis
b)Reports of operations which are pertinent and recent
c)Lab reports, pathology report, tissue examinations if they demonstrate a pattern of stability
d)Reports of studies (x-rays, pictures, films, or procedures (ECG, AGXT, Holter, ECHO, cardiac scans, catherization, endoscopic procedures, etc.))
e)Summaries and past medical documents (hospital summary and profiles)
f)Reports of proceedings (tumor board, MEB/PEB, MMRB)

-Include Commander documentation (NOT REQUIRED, but helps with decision)
a)Statement of request to deploy with a non-deployable status, which will include:
1)Soldiers criticality to the Mission
2)Service experience
3)Known specific hazards of the Soldiers MOS/AOC

When submitting…..

-Included in the body of your email, the HIPAA Notice should be annotated.

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-Ensure you send the Behavioral Health waiver forms and documentation to:
ccsg-waiver@centcom.mil.

-Ensure you send the Physical Health waiver forms and documentation to:

Who Should Submit Waivers?

- The Soldiers Primary Care Provider is responsible for documentation in the waiver and sending the completed package to the 4TH ID Division Surgeons Office.
- DIV Surgeons Office will then forward it to CENTCOM. When received DIV Surgeons Office will forward the approval or denial to the SRP Manager & SRP NCOIC.
- The SRP Manager & SRP NCOIC is responsible for sending the completed waivers to the appropriate personnel in the SRP Site who are involved in the validation process for deployment flights OCONUS.

Approval or Denial

-When approval or denial is received back, electronically, from the ARCENT or CENTCOM surgeon, please FORWARD that waiver decision to the SRP Manager and NCOIC who will keep it on file. This is important, as the SRP site is also responsible for validating flights. If this waiver is NOT received, your Soldier will not be validated to deploy when the time comes and deemed non-deployable until we receive that waiver.

*SRP Manager
W (719) 526-2014 BB (719) 440-2964

*SRP NCOIC
W (719) 526-3380 BB (719) 440-2897

SRP Manager & SRP NCOIC will forward/share the decision waiver to the appropriate personnel in the SRP site when received. (SRP Manifest Team)

Anymore ?’s or concerns??

- Contact the SRP Site:
- SRP Manager, (719) 526-2014, BB 440-2964
- SRP NCOIC, (719) 526-3380, BB 440-2897
- Medical OIC, (719) 524-4669